



QUARTERLY STATEMENT  
AS OF JUNE 30, 2018  
OF THE CONDITION AND AFFAIRS OF THE  
McLaren Health Plan Community

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	14217	Employer's ID Number	27-2204037
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[ ] N/A[X]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[ ]	
Incorporated/Organized	12/23/2009		Commenced Business	02/16/2012		
Statutory Home Office	G3245 Beecher Rd. (Street and Number)		Flint, MI, US 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, US 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Mail Address	G3245 Beecher Rd. (Street and Number or P.O. Box)		Flint, MI, US 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G3245 Beecher Rd. (Street and Number)			
	Flint, MI, US 48532 (City or Town, State, Country and Zip Code)		(888)327-0671 (Area Code) (Telephone Number)			
Internet Web Site Address	www.mclarenhealthplan.org					
Statutory Statement Contact	Rachel L. Hairston (Name)		(810)733-9678 (Area Code)(Telephone Number)(Extension)			
	rachel.hairston@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
Nancy Jenkins	President
Kathy Kendall	Vice President
Dave Mazurkiewicz	Treasurer
Deidra Wilson	Secretary
Cheryl Diehl	Assistant Treasurer
Kathleen Kudray, DO	Chief Medical Officer
Carol Solomon	Assistant Secretary
Kevin Tompkins	Chairman

OTHERS

Dennis LaForest, Enrollee Representative

DIRECTORS OR TRUSTEES

Nancy Jenkins	Kevin Tompkins
Dave Mazurkiewicz	Deidra Wilson
Patrick Hayes	

State of Michigan  
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Nancy Jenkins	Carol Solomon	Cheryl Diehl
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Assistant Secretary	Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this  
day of , 2018

- a. Is this an original filing?  
b. If no, 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds .....	1,016,433		1,016,433	1,019,274
2.	Stocks:				
2.1	Preferred stocks .....				
2.2	Common stocks .....				
3.	Mortgage loans on real estate:				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3	Properties held for sale (less \$.....0 encumbrances) .....				
5.	Cash (\$.....12,570,242), cash equivalents (\$.....26,822,494) and short-term investments (\$.....0) .....	39,392,735		39,392,735	30,697,574
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives .....				
8.	Other invested assets .....				
9.	Receivables for securities .....				
10.	Securities lending reinvested collateral assets .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	40,409,168		40,409,168	31,716,848
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	62,257		62,257	35,997
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	932,338	157,194	775,144	1,245,490
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) .....				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers .....	820,838		820,838	735,829
16.2	Funds held by or deposited with reinsured companies .....				
16.3	Other amounts receivable under reinsurance contracts .....				
17.	Amounts receivable relating to uninsured plans .....				
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....				
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....				
21.	Furniture and equipment, including health care delivery assets (\$.....0) .....				
22.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
23.	Receivables from parent, subsidiaries and affiliates .....	690,197		690,197	560,061
24.	Health care (\$.....0) and other amounts receivable .....	365,181		365,181	
25.	Aggregate write-ins for other-than-invested assets .....	1,362,752		1,362,752	1,362,752
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	44,642,730	157,194	44,485,536	35,656,977
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	44,642,730	157,194	44,485,536	35,656,977
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	Accounts Receivable - Risk Adjustment .....	1,362,752		1,362,752	1,362,752
2502.	Risk Corridor Receivable .....				
2503.	Pre-Paid Expenses .....				
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	1,362,752		1,362,752	1,362,752

**LIABILITIES, CAPITAL AND SURPLUS**

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	19,100,682		19,100,682	14,780,076
2.	Accrued medical incentive pool and bonus amounts .....	386,302		386,302	293,183
3.	Unpaid claims adjustment expenses .....	414,325		414,325	414,325
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserve .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....	1,581,637		1,581,637	2,341,366
9.	General expenses due or accrued .....	2,333,621		2,333,621	1,201,719
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....				
10.2	Net deferred tax liability .....				
11.	Ceded reinsurance premiums payable .....				
12.	Amounts withheld or retained for the account of others .....				
13.	Remittances and items not allocated .....				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....				
15.	Amounts due to parent, subsidiaries and affiliates .....	1,608,158		1,608,158	705,494
16.	Derivatives .....				
17.	Payable for securities .....				
18.	Payable for securities lending .....				
19.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers) .....				
20.	Reinsurance in unauthorized and certified (\$.....0) companies .....				
21.	Net adjustments in assets and liabilities due to foreign exchange rates .....				
22.	Liability for amounts held under uninsured plans .....				
23.	Aggregate write-ins for other liabilities (including \$.....0 current) .....	1,368,493		1,368,493	1,368,493
24.	Total liabilities (Lines 1 to 23) .....	26,793,218		26,793,218	21,104,656
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X		
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X	18,000,000	18,000,000
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	(307,683)	(3,447,680)
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	17,692,317	14,552,320
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	44,485,536	35,656,977
DETAILS OF WRITE-INS					
2301.	Risk Adjustment Payable .....	1,368,493		1,368,493	1,368,493
2302.	.....				
2303.	.....				
2398.	Summary of remaining write-ins for Line 23 from overflow page .....				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	1,368,493		1,368,493	1,368,493
2501.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months .....	X X X .....	180,525	170,968	339,253
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	72,353,835	59,278,328	119,444,597
3.	Change in unearned premium reserves and reserves for rate credits .....	X X X .....			
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....			
5.	Risk revenue .....	X X X .....			
6.	Aggregate write-ins for other health care related revenues .....	X X X .....			
7.	Aggregate write-ins for other non-health revenues .....	X X X .....			
8.	Total revenues (Lines 2 to 7) .....	X X X .....	72,353,835	59,278,328	119,444,597
<b>Hospital and Medical:</b>					
9.	Hospital/medical benefits .....		46,855,540	38,951,426	83,494,418
10.	Other professional services .....		936,737	688,545	1,638,283
11.	Outside referrals .....				
12.	Emergency room and out-of-area .....		2,470,226	1,847,159	4,004,757
13.	Prescription drugs .....		11,971,642	10,524,645	21,670,004
14.	Aggregate write-ins for other hospital and medical .....				
15.	Incentive pool, withhold adjustments and bonus amounts .....		161,320	58,559	293,183
16.	Subtotal (Lines 9 to 15) .....		62,395,464	52,070,334	111,100,645
<b>Less:</b>					
17.	Net reinsurance recoveries .....		765,789	64,094	1,005,398
18.	Total hospital and medical (Lines 16 minus 17) .....		61,629,676	52,006,240	110,095,247
19.	Non-health claims (net) .....				
20.	Claims adjustment expenses, including \$.....551,769 cost containment expenses .....		2,904,047	2,337,830	1,757,261
21.	General administrative expenses .....		4,894,162	3,768,200	10,161,165
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....			(65,377)	(201,915)
23.	Total underwriting deductions (Lines 18 through 22) .....		69,427,885	58,046,893	121,811,758
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	2,925,950	1,231,434	(2,367,161)
25.	Net investment income earned .....		241,641	7,662	132,016
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....				
27.	Net investment gains or (losses) (Lines 25 plus 26) .....		241,641	7,662	132,016
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29.	Aggregate write-ins for other income or expenses .....				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X .....	3,167,591	1,239,096	(2,235,145)
31.	Federal and foreign income taxes incurred .....	X X X .....			
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	3,167,591	1,239,096	(2,235,145)
<b>DETAILS OF WRITE-INS</b>					
0601.	.....	X X X .....			
0602.	.....	X X X .....			
0603.	.....	X X X .....			
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....			
0701.	.....	X X X .....			
0702.	.....	X X X .....			
0703.	.....	X X X .....			
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....			
1401.	.....				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page .....				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901.	.....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page .....				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year .....	14,552,320	13,870,451	13,870,451
34.	Net income or (loss) from Line 32 .....	3,167,591	1,239,096	(2,235,145)
35.	Change in valuation basis of aggregate policy and claim reserves .....			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....			
37.	Change in net unrealized foreign exchange capital gain or (loss) .....			
38.	Change in net deferred income tax .....			
39.	Change in nonadmitted assets .....	(27,594)	17,038	2,917,014
40.	Change in unauthorized and certified reinsurance .....			
41.	Change in treasury stock .....			
42.	Change in surplus notes .....			
43.	Cumulative effect of changes in accounting principles .....			
44.	Capital Changes:			
44.1	Paid in .....			
44.2	Transferred from surplus (Stock Dividend) .....			
44.3	Transferred to surplus .....			
45.	Surplus adjustments:			
45.1	Paid in .....			
45.2	Transferred to capital (Stock Dividend) .....			
45.3	Transferred from capital .....			
46.	Dividends to stockholders .....			
47.	Aggregate write-ins for gains or (losses) in surplus .....			
48.	Net change in capital and surplus (Lines 34 to 47) .....	3,139,997	1,256,134	681,870
49.	Capital and surplus end of reporting period (Line 33 plus 48) .....	17,692,317	15,126,585	14,552,320
DETAILS OF WRITE-INS				
4701.	0 .....			
4702.	Proir Year Revenue and Expense .....			
4703.	.....			
4798.	Summary of remaining write-ins for Line 47 from overflow page .....			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance .....	71,991,653	61,404,296	120,566,027
2.	Net investment income .....	218,223	9,894	105,707
3.	Miscellaneous income .....			
4.	TOTAL (Lines 1 to 3) .....	72,209,875	61,414,190	120,671,734
5.	Benefit and loss related payments .....	57,666,140	51,700,081	107,854,095
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	6,666,307	5,523,741	11,516,538
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....			
10.	TOTAL (Lines 5 through 9) .....	64,332,447	57,223,822	119,370,633
11.	Net cash from operations (Line 4 minus Line 10) .....	7,877,429	4,190,369	1,301,101
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....			
12.2	Stocks .....			
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7	Miscellaneous proceeds .....			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7) .....			
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....			
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....		410	
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....		410	
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....		(410)	
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			
16.6	Other cash provided (applied) .....	817,733	295,374	4,246,007
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	817,733	295,374	4,246,007
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	8,695,162	4,485,333	5,547,108
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	30,697,574	25,150,465	25,150,465
19.2	End of period (Line 18 plus Line 19.1) .....	39,392,735	29,635,798	30,697,574

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
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**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	28,075	2,727	25,348							
2. First Quarter .....	30,049	6,088	23,874	87						
3. Second Quarter .....	29,626	5,814	23,684	128						
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	180,525	36,108	143,836	581						
Total Member Ambulatory Encounters for Period:										
7. Physician .....	105,270	21,056	83,875	339						
8. Non-Physician .....	18,009	3,602	14,349	58						
9. Total .....	123,279	24,658	98,224	397						
10. Hospital Patient Days Incurred .....	4,820	984	3,833	3						
11. Number of Inpatient Admissions .....	1,040	207	828	5						
12. Health Premiums Written (a) .....	73,406,675	17,215,943	56,102,914	87,818						
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	73,406,675	17,215,943	56,102,914	87,818						
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	57,309,069	9,665,973	47,613,949	29,147						
18. Amount Incurred for Provision of Health Care Services .....	62,395,464	14,196,421	48,120,007	79,036						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.0.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
DMC CHILDRENS HOSPITAL .....	118,319					118,319
EW SPARROW HOSPITAL .....	59,189					59,189
GLOBAL MEDEVAC RESCUE .....	52,812					52,812
HENRY FORD HOSPITAL .....	11,802					11,802
MEMORIAL HEALTHCARE .....	44,621					44,621
MT CLEMENS REGIONAL .....	47,947					47,947
RED CEDAR SURGERY CENTER .....	16,200					16,200
UNIVERSITY OF MICHIGAN .....	488,218					488,218
0199999 Individually Listed Claims Unpaid .....	839,108					839,108
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	7,962,005	767,205	3,158	4,675	23,706	8,760,749
0499999 Subtotals .....	8,801,113	767,205	3,158	4,675	23,706	9,599,857
0599999 Unreported claims and other claim reserves .....						9,500,825
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						19,100,682
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						386,302



**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business		Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1+3)	6  Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		1	2	3	4		
		On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year		
1.	Comprehensive (hospital & medical) .....	13,890,371	43,228,231	806,533	18,244,260	14,696,904	14,780,076
2.	Medicare Supplement .....		29,147		49,888		
3.	Dental only .....						
4.	Vision only .....						
5.	Federal Employees Health Benefits Plan .....						
6.	Title XVIII - Medicare .....						
7.	Title XIX - Medicaid .....						
8.	Other health .....						
9.	Health subtotal (Lines 1 to 8) .....	13,890,371	43,257,378	806,533	18,294,149	14,696,904	14,780,076
10.	Healthcare receivables (a) .....						
11.	Other non-health .....						
12.	Medical incentive pools and bonus amounts .....	68,200		224,983	161,320	293,183	293,183
13.	Totals (Lines 9 - 10 + 11 + 12) .....	13,958,571	43,257,378	1,031,516	18,455,469	14,990,087	15,073,258

(a) Excludes \$.00 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

The accompanying statutory financial statements of McLaren Health Plan Community (the “Company”) have been prepared in conformity with accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (“DIFS”).

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by DIFS for the periods ending June 30, 2018 and December 31, 2017 is as follows:

	Description	SSAP	F/S Page	F/S Line #	State of Domicile	2018	2017
Net Income							
1	State Basis	XXX	XXX	XXX	MI	3,167,591	(2,235,145)
2	State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
3	State Permitted Practices that increase/(decrease) NAIC SAP					-	-
4	NAIC SAP	XXX	XXX	XXX	MI	3,167,591	(2,235,145)
Surplus							
5	State Basis	XXX	XXX	XXX	MI	17,692,317	14,552,320
6	State Prescribed Practices that increase/(decrease) NAIC SAP					-	-
7	State Permitted Practices that increase/(decrease) NAIC SAP					-	-
8	NAIC SAP	XXX	XXX	XXX	MI	17,692,317	14,552,320

2. Accounting Changes and Corrections of Errors

No change

3. Business Combinations and Goodwill

No change

4. Discontinued Operations

No change

5. Investments

No change

6. Joint Ventures, Partnerships and Limited Liability Companies

No change

7. Investment Income

No change

8. Derivative Investments

No change

9. Income Taxes

No change

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. On March 15, 2018 the Board of Directors of McLaren Health Care Corporation adopted a resolution to establish a Michigan nonprofit corporation McLaren Integrated HMO Group as to which MHCC would be the sole Member. Further, the Board of Directors of McLaren Health Care Corporation adopted a resolution to transfer its Membership in the McLaren Health Plan, Inc. and MDwise, Inc. to the McLaren Integrated HMO Group.
- B. No change
- C. No change

Notes to Financial Statement

- D. No change
- E. Due from Affiliate: \$690,197 amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliate: \$1,608,158 amounts due to affiliates for various administrative support and information system operations support. The amounts are settled monthly.

- F. Guarantees and undertakings: No change
- G. Management Agreements between:
  - (1) McLaren Health Plan (MHP) and McLaren Health Plan Community (MHP Community) and: MHP agrees to provide Leased Employees to perform certain operational, personnel services and other resources to MHP Community. Amount for January - June 2018 = \$2,951,550.
- H. No change
- I. No change
- J. No change
- K. No change
- L. No change
- M. No change
- N. No change
- O. No change

- 11. Debt  
No change
- 12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans  
No change
- 13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations  
No change
- 14. Contingencies  
No change
- 15. Leases  
No change
- 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk  
No change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities  
No change
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans  
No change
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators  
No change
- 20. Fair Value Measurements
  - A. Fair Value Measurements: N/A
  - B. Other Fair Value Measurements: N/A
  - C. Fair Value of Financial Instruments:

Notes to Financial Statement

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 987,372	\$ 1,016,433		\$ 1,016,433		

21. Other Items  
No change
22. Events Subsequent  
No change
23. Reinsurance  
No change
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

1. Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions? Yes

2.

IMPACT OF RISK-SHARING PROVISIONS OF THE ACA		
		AMOUNT
Permanent ACA Risk Adjustment Program		
	Assets	
1.	Premium adjustments receivable due to ACA Risk Adjustment	\$ -
	Liabilities	
2.	Risk adjustment user fees payable for ACA Risk Adjustment	\$ 15,379
3.	Premium adjustments payable due to ACA Risk Adjustment	\$ -
	Operations (Revenue & Expense)	
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ -
5.	Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 7,047
Transitional ACA Reinsurance Program		
	Assets	
1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
	Liabilities	
4.	Liabilities for contribution payable due to ACA Reinsurance - not reported as ceded premium	\$ -
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
	Operations (Revenue & Expense)	
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$ -
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ -
9.	ACA Reinsurance contributions - not reported as ceded premium	\$ -
Temporary ACA Risk Corridors Program		
	Assets	
1.	Accrued retrospective premium due to ACA Risk Corridors	\$ -
	Liabilities	
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
	Operations (Revenue & Expense)	
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	\$ -
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

STATEMENT AS OF **June 30, 2018** OF THE **McLaren Health Plan Community**

Notes to Financial Statement

3.

ROLL-FORWARD OF PRIOR YEAR ACA RISK-SHARING PROVISIONS												
		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Ref	Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
				Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	
Permanent ACA Risk Adjustment Program												
	Premium adjustments receivable	\$ 1,362,752		\$ -		\$ 1,362,752	\$ -	\$ -		A	\$ 1,362,752	\$ -
	Premium adjustments (payable)		\$ (1,368,493)	\$ -	\$ -	\$ -	\$ (1,368,493)	\$ -	\$ -	B	\$ -	\$ (1,368,493)
	Subtotal ACA Permanent Risk Adjustment Program	\$ 1,362,752	\$ (1,368,493)	\$ -	\$ -	\$ 1,362,752	\$ (1,368,493)	\$ -	\$ -		\$ 1,362,752	\$ (1,368,493)
Transitional ACA Reinsurance Program												
	Amounts recoverable for claims paid	\$ 67,171.19		\$ 65,241.64		\$ 1,930	\$ -			C	\$ 1,930	\$ -
	Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
	Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
	Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium		\$ -		\$ -	\$ -	\$ -			F	\$ -	\$ -
	Ceded reinsurance premiums payable		\$ -		\$ -	\$ -	\$ -		\$ -	G	\$ -	\$ -
	Liability for amounts held under uninsured plans					\$ -	\$ -			H	\$ -	\$ -
	Subtotal ACA Transitional Reinsurance Program	\$ 67,171	\$ -	\$ 65,242	\$ -	\$ 1,930	\$ -	\$ -	\$ -		\$ 1,930	\$ -
Temporary ACA Risk Corridors Program												
	Accrued retrospective premium	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
	Reserve for rate credit or policy experience rating refunds					\$ -	\$ -	\$ -	\$ -	J	\$ -	\$ -
	Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Total for ACA Risk Sharing Provisions		\$ 1,429,923	\$ (1,368,493)	\$ 65,242	\$ -	\$ 1,364,682	\$ (1,368,493)	\$ -	\$ -		\$ 1,364,682	\$ (1,368,493)

4.

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
							To Prior Year Balances	To Prior Year Balances			
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments				Cumulative Balance from Prior Years (Col 1 - 3 +7)	Cumulative Balance from Prior Years (Col 2 - 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. 2014											
1. Accrued retrospective premium					\$ -	\$ -					
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
b. 2015											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
c. 2016											
1. Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -					
d. Total for Risk Corridors	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

5.

Risk Corridors Program Year	Estimated Amount to be Filed or Final amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Asset Balance (Gross of Non-admissions)	Non-Admitted Amount	Net Admitted Asset
2014	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2015	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2016	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Notes to Financial Statement

25. Change in Incurred Claims and Claim Adjustment Expenses  
No change
26. Intercompany Pooling Arrangements  
No change
27. Structured Settlements  
No change
28. Health Care Receivables  
A.

*Section ID	Quarter	Estimated pharmacy rebates reported	Pharmacy rebates as billed	Actual rebates received <= 90 days	Actual rebates received 91 - 180 days	Actual rebates received > 180 days	Total Received
01	06/30/18						
01	03/31/18						
01	12/31/17	365,181	365,181				
01	09/30/17				438,030		438,030
01	06/30/17					444,043	444,043
01	03/31/17					420,754	420,754
01	12/31/16					314,650	314,650
01	09/30/16					234,853	234,853
01	06/30/16					48	48
01	03/31/16					134	134

B. Risk Sharing Receivables – No Change

29. Participating Policies  
No change
30. Premium Deficiency Reserves  
No change
31. Anticipated Salvage and Subrogation  
No change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

Yes[ ] No[ ] N/A[X]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[ ] No[X]
- 2.2 If yes, date of change:

.....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[ ]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[X] No[ ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:

MHCC purchased Caro Community Hospital dba McLaren Care Region, Caro Community Hopsital Endowment Foundation dba McLaren Caro Region Foundation, CCH Holdings Inc and McLaren Thumb Region.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[ ] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2015.....
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2015.....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....03/21/2017.....
- 6.4 By what department or departments?
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[X] No[ ] N/A[ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[ ] N/A[ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
.....	.....	..... No .....	..... No .....	..... No .....	..... No .....

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[ ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....690,197

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[X] No[ ]
- 11.2 If yes, give full and complete information relating thereto:

Bonds are held by the State of Michigan Treasury in a safekeeping account as required by the Department of Insurance & Financial Services
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....0
13. Amount of real estate and mortgages held in short-term investments:

\$.....0



**GENERAL INTERROGATORIES (Continued)**

**INVESTMENT**

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[ ] No[X]

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....		
14.22 Preferred Stock .....		
14.23 Common Stock .....		
14.24 Short-Term Investments .....		
14.25 Mortgages Loans on Real Estate .....		
14.26 All Other .....		
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....		
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.

Yes[ ] No[X]  
Yes[ ] No[ ] N/A[X]

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0  
\$ ..... 0  
\$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[ ]

1 Name of Custodian(s)	2 Custodian Address
JPMORGAN CHASE BANK, NA .....	1111 Polaris Parkway, Columbus OH 43240 .....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

17.4 If yes, give full and complete information relating thereto:

Yes[ ] No[X]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; " handle securities"]

1 Name of Firm or Individual	2 Affiliation
Cheryl Diehl, Chief Financial Officer .....	..... I .....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

Yes[ ] No[X]  
Yes[ ] No[X]

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

18.2 If no, list exceptions:

19. By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security:  
a. Documentation necessary to permit a full credit analysis of the security does not exist.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5\*GI securities?

Yes[X] No[ ]  
Yes[ ] No[X]

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:	
1.1 A&H loss percent	86.240%
1.2 A&H cost containment percent	0.760%
1.3 A&H expense percent excluding cost containment expenses	10.020%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[ ] No[X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[ ] No[X]

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>Accident and Health - Affiliates</b>								
11835 .....	04-1590940 .....	..... 01/01/2018 .....	PARTNERRE AMER INS CO .....	DE .....	..... SSL/L/I .....	Authorized .....	..... 1 .....	12/11/2017 .....

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**  
**Current Year to Date - Allocated by States and Territories**

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL) .....	N								
2.	Alaska (AK) .....	N								
3.	Arizona (AZ) .....	N								
4.	Arkansas (AR) .....	N								
5.	California (CA) .....	N								
6.	Colorado (CO) .....	N								
7.	Connecticut (CT) .....	N								
8.	Delaware (DE) .....	N								
9.	District of Columbia (DC) .....	N								
10.	Florida (FL) .....	N								
11.	Georgia (GA) .....	N								
12.	Hawaii (HI) .....	N								
13.	Idaho (ID) .....	N								
14.	Illinois (IL) .....	N								
15.	Indiana (IN) .....	N								
16.	Iowa (IA) .....	N								
17.	Kansas (KS) .....	N								
18.	Kentucky (KY) .....	N								
19.	Louisiana (LA) .....	N								
20.	Maine (ME) .....	N								
21.	Maryland (MD) .....	N								
22.	Massachusetts (MA) .....	N								
23.	Michigan (MI) .....	L	73,406,675						73,406,675	
24.	Minnesota (MN) .....	N								
25.	Mississippi (MS) .....	N								
26.	Missouri (MO) .....	N								
27.	Montana (MT) .....	N								
28.	Nebraska (NE) .....	N								
29.	Nevada (NV) .....	N								
30.	New Hampshire (NH) .....	N								
31.	New Jersey (NJ) .....	N								
32.	New Mexico (NM) .....	N								
33.	New York (NY) .....	N								
34.	North Carolina (NC) .....	N								
35.	North Dakota (ND) .....	N								
36.	Ohio (OH) .....	N								
37.	Oklahoma (OK) .....	N								
38.	Oregon (OR) .....	N								
39.	Pennsylvania (PA) .....	N								
40.	Rhode Island (RI) .....	N								
41.	South Carolina (SC) .....	N								
42.	South Dakota (SD) .....	N								
43.	Tennessee (TN) .....	N								
44.	Texas (TX) .....	N								
45.	Utah (UT) .....	N								
46.	Vermont (VT) .....	N								
47.	Virginia (VA) .....	N								
48.	Washington (WA) .....	N								
49.	West Virginia (WV) .....	N								
50.	Wisconsin (WI) .....	N								
51.	Wyoming (WY) .....	N								
52.	American Samoa (AS) .....	N								
53.	Guam (GU) .....	N								
54.	Puerto Rico (PR) .....	N								
55.	U.S. Virgin Islands (VI) .....	N								
56.	Northern Mariana Islands (MP) .....	N								
57.	Canada (CAN) .....	N								
58.	Aggregate other alien (OT) .....	X X X								
59.	Subtotal .....	X X X	73,406,675						73,406,675	
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X								
61.	Total (Direct Business) .....	X X X	73,406,675						73,406,675	
DETAILS OF WRITE-INS										
58001.	.....	X X X								
58002.	.....	X X X								
58003.	.....	X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	X X X								

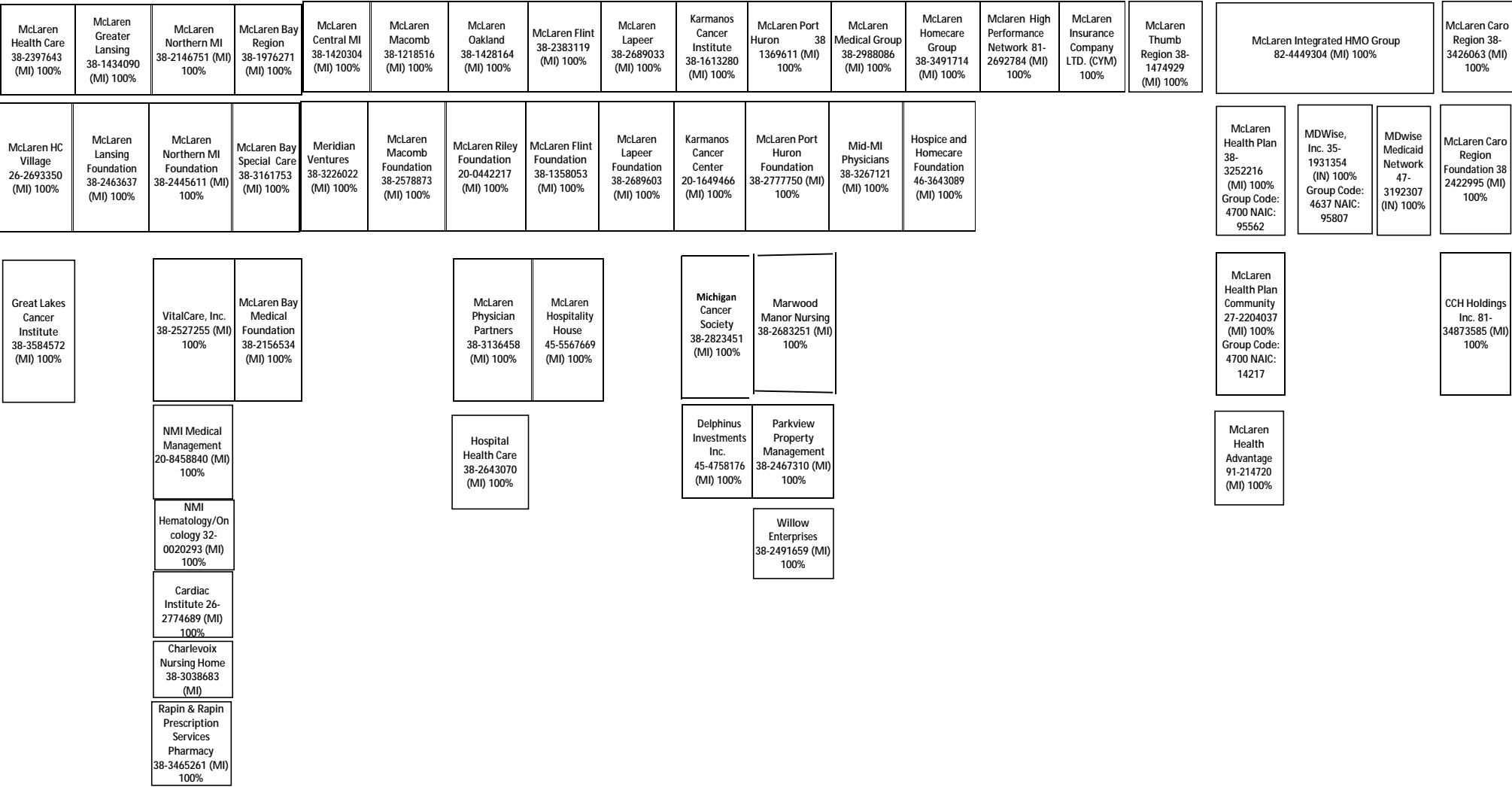
(a) Active Status Counts:

- L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
- E Eligible - Reporting entities eligible or approved to write surplus lines in the state
- N None of the above Not allowed to write business in the state

- R Registered - Non-domiciled RRGs
- Q Qualified - Qualified or accredited reinsurer

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

McLaren Health  
Care Corporation



**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
910		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					N	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1420304				Central Michigan Community Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domici- liary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
Q16.1		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-5567669				McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2689033				Lapeer Regional Medical Center DBA McLaren Lapeer Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2689603				McLaren Lapeer Foundation	MI	NIA	Lapeer Regional Medical Center DBA McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1369611				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2777750				McLaren Port Huron Hospital Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2683251				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2467310				Parkview Property Management	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2491659				Willow Enterprises	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3491714				Visiting Nurse Services of Michigan DBA McLaren Homecare Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	46-3643089				Hospice and Homecare Foundation	MI	NIA	Visiting Nurse Services of Michigan DBA McLaren Homecare Group	Ownership	100.0	McLaren Health Care Corporation	N	
	4700	McLaren Health Plan	95562	38-3252216			McLaren Health Plan	MI	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	N	
	4700	McLaren Health Plan	14217	27-2204037			McLaren Health Plan Community	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	N	
	4700	McLaren Health Plan	00000	91-2141720			Health Advantage Inc	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000					McLaren Insurance Company LTD	CYM	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
	4700	MDWise	95807	35-1931354			MDWise	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	47-3192307				MDWise Medicaid Network	IN	NIA	McLaren Integrated HMO Group	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	82-4449304				McLaren Integrated HMO Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3426063				McLaren Caro Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2422995				Caro Community Hospital McLaren Caro Region Foundation	MI	NIA	McLaren Caro Region	Ownership	100.0	McLaren Health Care Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	.....	00000	81-3487385	.....	.....	.....	CCH Holdings Inc. ....	.. MI .	... NIA ..	McLaren Caro Region .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.... N ....	.....
.....	.....	00000	38-1474929	.....	.....	.....	McLaren Thumb Region .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.... N ....	.....

Asterisk	Explanation
0000001	.....



## RESPONSE

No

Bar Codes:



**OVERFLOW PAGE FOR WRITE-INS**

STATEMENT AS OF **June 30, 2018** OF THE **McLaren Health Plan Community**  
**SCHEDULE A - VERIFICATION**

Real Estate		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other-than-temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8 ) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

**SCHEDULE B - VERIFICATION**

Mortgage Loans		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points .....		
9. Total foreign exchange change in book value/recorded investment .....		
10. Deduct current year's other-than-temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other-than-temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

**SCHEDULE D - VERIFICATION**

Bonds and Stocks		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	1,019,274	1,024,967
2. Cost of bonds and stocks acquired .....		
3. Accrual of discount .....	155	
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....		
7. Deduct amortization of premium .....	2,997	5,693
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	1,016,433	1,019,274
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	1,016,433	1,019,274

Q5102

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	1,017,853			(1,421)	1,017,853	1,016,433		1,019,274
2. NAIC 2 (a) .....								
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	1,017,853			(1,421)	1,017,853	1,016,433		1,019,274
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds & Preferred Stock .....	1,017,853			(1,421)	1,017,853	1,016,433		1,019,274

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals .....					

NONE

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....		
2.	Cost of short-term investments acquired .....		19,125,284
3.	Accrual of discount .....		
4.	Unrealized valuation increase (decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....		19,125,284
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....		
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....		

**SI04   Schedule DB - Part A Verification   .....   NONE**

**SI04   Schedule DB - Part B Verification   .....   NONE**

**SI05   Schedule DB Part C Section 1   .....   NONE**

**SI06   Schedule DB Part C Section 2   .....   NONE**

**SI07   Schedule DB - Verification   .....   NONE**

**SCHEDULE E - PART 2 - VERIFICATION**  
**(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	19,125,284	.....
2.	Cost of cash equivalents acquired .....	7,697,210	19,125,284
3.	Accrual of discount .....	.....	.....
4.	Unrealized valuation increase (decrease) .....	.....	.....
5.	Total gain (loss) on disposals .....	.....	.....
6.	Deduct consideration received on disposals .....	.....	.....
7.	Deduct amortization of premium .....	.....	.....
8.	Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9.	Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	26,822,494	19,125,284
11.	Deduct total nonadmitted amounts .....	.....	.....
12.	Statement value at end of current period (Line 10 minus Line 11) .....	26,822,494	19,125,284

<b>E01</b>	<b>Schedule A Part 2</b>	<b>NONE</b>
<b>E01</b>	<b>Schedule A Part 3</b>	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 2</b>	<b>NONE</b>
<b>E02</b>	<b>Schedule B Part 3</b>	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 2</b>	<b>NONE</b>
<b>E03</b>	<b>Schedule BA Part 3</b>	<b>NONE</b>
<b>E04</b>	<b>Schedule D Part 3</b>	<b>NONE</b>
<b>E05</b>	<b>Schedule D Part 4</b>	<b>NONE</b>
<b>E06</b>	<b>Schedule DB Part A Section 1</b>	<b>NONE</b>
<b>E07</b>	<b>Schedule DB Part B Section 1</b>	<b>NONE</b>
<b>E08</b>	<b>Schedule DB Part D Section 1</b>	<b>NONE</b>
<b>E09</b>	<b>Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity</b>	<b>NONE</b>
<b>E09</b>	<b>Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity</b>	<b>NONE</b>
<b>E10</b>	<b>Schedule DL - Part 1 - Securities Lending Collateral Assets</b>	<b>NONE</b>
<b>E11</b>	<b>Schedule DL - Part 2 - Securities Lending Collateral Assets</b>	<b>NONE</b>



**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

	1		2	3	4	5	Book Balance at End of Each Month			9
							During Current Quarter			
							6	7	8	
							First Month	Second Month	Third Month	
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
open depositories										
JPMORGAN, CHASE .....	FLINT, MICHIGAN .....	06/30/2018 .....					600,110	(3,029,428)	(2,594,314)	X X X
Alma Bank .....	MICHIGAN .....	06/30/2018 .....					7,026	241,719		X X X
Amarillo National Bank .....	MICHIGAN .....	06/30/2018 .....					1,256			X X X
American Trust & Savings Bank .....	MICHIGAN .....	06/30/2018 .....					247,991	237,769	172,810	X X X
Banc of California, National Association .....	MICHIGAN .....	06/30/2018 .....					247,998	248,000	247,387	X X X
Bank of China - New York Branch .....	MICHIGAN .....	06/30/2018 .....						247,386	155,070	X X X
Bank of Commerce .....	MICHIGAN .....	06/30/2018 .....							11	X X X
Bank of Hope .....	MICHIGAN .....	06/30/2018 .....					247,362	236,357	238,496	X X X
Bank of Princeton .....	MICHIGAN .....	06/30/2018 .....					247,135	240,687	241,120	X X X
Bank of the Ozarks .....	MICHIGAN .....	06/30/2018 .....					247,939	248,000	247,780	X X X
BankUnited National Association .....	MICHIGAN .....	06/30/2018 .....					185,543	216,867	120,770	X X X
Bankwell Bank .....	MICHIGAN .....	06/30/2018 .....					244,887	243,665	240,751	X X X
Bar Harbor Bank & Trust .....	MICHIGAN .....	06/30/2018 .....					247,988	238,461	233,521	X X X
Berkshire Bank .....	MICHIGAN .....	06/30/2018 .....					1,709			X X X
C US Bank .....	MICHIGAN .....	06/30/2018 .....						9,476	30,761	X X X
CIT Bank, National Association .....	MICHIGAN .....	06/30/2018 .....					7,642			X X X
Capital Bank National Association .....	MICHIGAN .....	06/30/2018 .....						1,844	560	X X X
CapStar Bank .....	MICHIGAN .....	06/30/2018 .....					63,529	242,204		X X X
Centennial Bank .....	MICHIGAN .....	06/30/2018 .....					247,991	237,777	228,458	X X X
Central Bank .....	MICHIGAN .....	06/30/2018 .....							26	X X X
Central State Bank .....	MICHIGAN .....	06/30/2018 .....							11	X X X
Chambers Bank .....	MICHIGAN .....	06/30/2018 .....							567	X X X
Chemical Bank .....	MICHIGAN .....	06/30/2018 .....					247,999	247,589	248,000	X X X
Cherokee State Bank .....	MICHIGAN .....	06/30/2018 .....							13	X X X
CiVista Bank .....	MICHIGAN .....	06/30/2018 .....					5,356			X X X
Citibank N.A. ....	MICHIGAN .....	06/30/2018 .....					246,959	37,483	90,812	X X X
Community Bank of the Bay .....	MICHIGAN .....	06/30/2018 .....					15,126		1,252	X X X
ConnectOne Bank .....	MICHIGAN .....	06/30/2018 .....					243,623	1,675	214,056	X X X
Cornerstone Bank .....	MICHIGAN .....	06/30/2018 .....						239,036	241,342	X X X
Cortland Savings and Banking Company .....	MICHIGAN .....	06/30/2018 .....							63,769	X X X
Covenant Bank .....	MICHIGAN .....	06/30/2018 .....					247,911	247,269	247,367	X X X
Customers Bank .....	MICHIGAN .....	06/30/2018 .....					247,995	247,406	248,000	X X X
Dime Savings Bank of Williamsburgh .....	MICHIGAN .....	06/30/2018 .....					243,846	6,066		X X X
Entegra Bank .....	MICHIGAN .....	06/30/2018 .....						196,790	247,952	X X X
Equity Bank .....	MICHIGAN .....	06/30/2018 .....					247,942	236,680	226,274	X X X
Evergreen Bank Group .....	MICHIGAN .....	06/30/2018 .....					22,014	6,467	8,731	X X X
Farmers Trust and Savings Bank .....	MICHIGAN .....	06/30/2018 .....						25,845	1,104	X X X
Farmers Trust and Savings Bank .....	MICHIGAN .....	06/30/2018 .....							246,171	X X X
Fidelity Bank .....	MICHIGAN .....	06/30/2018 .....					224,944	1,333		X X X
First Bank .....	MICHIGAN .....	06/30/2018 .....					116,103	240,368	234,092	X X X
First Bank .....	MICHIGAN .....	06/30/2018 .....					247,724	243,756	239,174	X X X
First Carolina Bank .....	MICHIGAN .....	06/30/2018 .....					247,977	247,986	190,454	X X X
First Community Bank of Bedford County .....	MICHIGAN .....	06/30/2018 .....						35,604		X X X
First Community Financial Bank .....	MICHIGAN .....	06/30/2018 .....					242,635	244,285		X X X
First Merchants Bank National Association .....	MICHIGAN .....	06/30/2018 .....					55,021			X X X
First National Bank and Trust Company of Vini .....	MICHIGAN .....	06/30/2018 .....					120,314		212,949	X X X
First National Bank of Long Island .....	MICHIGAN .....	06/30/2018 .....					247,980	244,292		X X X
First National Bank of Michigan .....	MICHIGAN .....	06/30/2018 .....							2,423	X X X
First National Bank of Pennsylvania .....	MICHIGAN .....	06/30/2018 .....					67,968	2,819		X X X
First State Bank .....	MICHIGAN .....	06/30/2018 .....					140,296		233,193	X X X
First Virginia Community Bank .....	MICHIGAN .....	06/30/2018 .....					234,424	243,480	44,147	X X X
Fortis Private Bank .....	MICHIGAN .....	06/30/2018 .....					248,000	235,582	34	X X X
Franklin Synergy Bank .....	MICHIGAN .....	06/30/2018 .....					247,062	248,000	247,450	X X X
Gorham Savings Bank .....	MICHIGAN .....	06/30/2018 .....					4,630			X X X
Great Midwest Bank SSB .....	MICHIGAN .....	06/30/2018 .....							39	X X X
Great Western Bank .....	MICHIGAN .....	06/30/2018 .....					248,000	248,000	247,999	X X X
Guaranty Bank .....	MICHIGAN .....	06/30/2018 .....					201,771	236,878	243,790	X X X
Happy State Bank .....	MICHIGAN .....	06/30/2018 .....					247,999	247,352	248,000	X X X
Hardin County Bank .....	MICHIGAN .....	06/30/2018 .....					237,590	20,037		X X X
Heartland Bank .....	MICHIGAN .....	06/30/2018 .....							2,557	X X X
IBERIABANK .....	MICHIGAN .....	06/30/2018 .....					247,992	231,356	203,844	X X X
Inland Bank and Trust .....	MICHIGAN .....	06/30/2018 .....					1,787	239,149	236,981	X X X
International City Bank National Association .....	MICHIGAN .....	06/30/2018 .....						131,842	190,029	X X X
Investar Bank .....	MICHIGAN .....	06/30/2018 .....					244,855	227,023	12,771	X X X
Landmark Community Bank .....	MICHIGAN .....	06/30/2018 .....						5,817	236,079	X X X
Lead Bank .....	MICHIGAN .....	06/30/2018 .....					1,757	2,037		X X X
LegacyTexas Bank .....	MICHIGAN .....	06/30/2018 .....					247,779	247,020	225,036	X X X
Legends Bank .....	MICHIGAN .....	06/30/2018 .....						45,123	170	X X X

**SCHEDULE E - PART 1 - CASH**

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
MainStreet Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,995	237,469	247,583	X X X
Manufacturers Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	81,549	247,656	248,000	X X X
Merchants Bank of Indiana .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,999	247,654	248,000	X X X
Meridian Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	11,822	138,024	203,915	X X X
Metropolitan National Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	117,396	178,003	X X X
MidCoast Community Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	3,967	.....	X X X
Middlefield Banking Company .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,994	239,762	240,561	X X X
Midland States Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,987	166,737	209,234	X X X
National Bank of Commerce .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	242,271	2,010	.....	X X X
NewBank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	.....	309	X X X
NexBank SSB .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,962	247,368	247,496	X X X
Northpointe Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	2,465	.....	X X X
Oculina Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	42,089	.....	.....	X X X
Optima Bank & Trust Company .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,980	243,243	240,978	X X X
Pacific Enterprise Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	224,312	143,608	242,910	X X X
Pacific Mercantile Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,985	248,000	248,000	X X X
Peapack-Gladstone Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	14,184	244,466	233,359	X X X
Peoples Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	8,000	79,640	152,643	X X X
PeoplesBank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	203,176	.....	92,328	X X X
Pilot Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	4,387	.....	.....	X X X
Pioneer Bank SSB .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	.....	246,981	X X X
Poppy Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	241,953	236,118	237,937	X X X
Post Oak Bank N.A. ....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	18,829	241,740	X X X
Preferred Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	248,000	248,000	247,999	X X X
Prime Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	.....	11	X X X
Progress Bank and Trust .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	246,751	240,569	247,998	X X X
Provident Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,991	230,886	243,030	X X X
Reliant Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	242,101	244,710	.....	X X X
Rockford Bank and Trust Company .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	132,832	.....	.....	X X X
Seaside National Bank & Trust .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	.....	10,819	X X X
Seattle Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	100,897	240,877	X X X
ServisFirst Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	245,641	243,877	247,570	X X X
SmartBank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,999	248,000	247,918	X X X
SouthPoint Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	209,658	4,668	.....	X X X
Southern States Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	238,330	227,626	X X X
Southwest Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,993	237,171	229,838	X X X
Texas Capital Bank National Association .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,972	245,172	247,227	X X X
Third Coast Bank SSB .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,999	248,000	247,995	X X X
Tradition Capital Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	22,362	220,017	.....	X X X
TriState Capital Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	51,097	247,836	X X X
Union First Market Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	.....	38,757	X X X
United Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	146,617	240,309	246,233	X X X
Univest Bank and Trust Co. ....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	245,151	247,157	247,915	X X X
Valley National Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	244,722	.....	54,889	X X X
Vista Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	.....	151,915	X X X
Washington Trust Company of Westerly .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	208,511	241,248	65,154	X X X
WashingtonFirst Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,999	248,000	246,923	X X X
Western Alliance Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	246,757	.....	.....	X X X
Western States Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	.....	13,808	X X X
Westside State Bank .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	.....	231	X X X
Jefferson Financial Credit Union .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	247,753	243,797	.....	X X X
Sharonview Federal Credit Union .....	MICHIGAN .....	06/30/2018 .....	.....	.....	.....	.....	.....	5,745	157,857	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories .....			X X X	X X X	.....	.....	.....	.....	.....	X X X
0199999 Totals - Open Depositories .....			X X X	X X X	.....	.....	15,723,940	12,114,292	12,570,242	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories .....			X X X	X X X	.....	.....	.....	.....	.....	X X X
0299999 Totals - Suspended Depositories .....			X X X	X X X	.....	.....	.....	.....	.....	X X X
0399999 Total Cash On Deposit .....			X X X	X X X	.....	.....	15,723,940	12,114,292	12,570,242	X X X
0499999 Cash in Company's Office .....			X X X	X X X	X X X	X X X	.....	.....	.....	X X X
0599999 Total Cash .....			X X X	X X X	.....	.....	15,723,940	12,114,292	12,570,242	X X X

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
Cusip	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
7799999	Subtotals - Bonds - Total Bonds - Issuer Obligations .....							
7899999	Subtotals - Bonds - Total Bonds - Residential Mortgage-Backed Securities .....							
7999999	Subtotals - Bonds - Total Bonds - Commercial Mortgage-Backed Securities .....							
8099999	Subtotals - Bonds - Total Bonds - Other Loan-Backed and Structured Securities .....							
8199999	Subtotals - Bonds - SVO Identified Funds .....							
8399999	Subtotals - Bonds - Total Bonds .....							
<b>Sweep Accounts</b>								
	JP Morgan Chase .....	DR ..	06/30/2018 ...	0.000	06/30/2018 ...	26,822,494		112,319
8499999	Subtotals - Sweep Accounts .....					26,822,494		112,319
8599999	Subtotals - Exempt Money Market Mutual Funds - as Identified by SVO .....							
8699999	Subtotals - All Other Money Market Mutual Funds .....							
8799999	Subtotals - Other Cash Equivalents .....							
8899999	Total - Cash Equivalents .....					26,822,494		112,319

QE13

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